PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			11	• 1	1		1 1	RATE	FEE	7	RATE	FEE	
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FEE	 	OR	BASIC FEE		
ТС	TAL CHARGEA	ABLE CLAIMS	// mir	/ / minus 20=		*-0		X\$ 9=		OR	X\$18=	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
INE	DEPENDENT CL	LAIMS	2 minus 3 =		* 0			X43=		OR	X86=		
MU	ILTIPLE DEPEN	NDENT CLAIM PR	RESENT					+145=		OR	+290=		
* If	the difference	e in column 1 is	less than ze	ero, enter	. "0" in c	olumn 2	ı	TOTAL		OR	TOTAL	770	
	С	LAIMS AS A	MENDEC					OTHER THAN SMALL ENTITY OR SMALL ENTITY					
		(Column 1)	1	(Colun		(Column 3)	, ,	SMALL		OR	SMALL		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	- 01 4184	=		X43=		OR	X86=		
Ш	FIRST PHESE	NIAHON OF IVIC	JLTIPLE DEPENDENT		CLAIIVI			+145=		OR	+290=		
							L	TOTAL	-	OR	TOTAL		
		41			,	; - O\		ADDIT. FEE		J	ADDIT. FEE		
		(Column 1) CLAIMS	T	(Colun		(Column 3)	1 r		1551			4001	
ENT B		REMAINING AFTER AMENDMENT		NUME PREVICE PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=		
AME	Independent	* NTATION OF MU	Minus	***	CL AIM	=]	X43=		OR	X86=		
L	HINST PRESE	NIATION OF WIC	ILITE DE	ENULIVI	CLAIM		1	+145=		OR	+290 <u>÷</u>	,	
							L	TOTAL ADDIT. FEE	:	OR ,	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)							•			•			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM	Total	*	Minus	**	<u>.</u>	= .		X\$ 9=		OR	X\$18=	· 	
AME	Independent	*	Minus	***	OL AIM	=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						' [+145=		OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											TOTAL ADDIT. FEE	-	
***	If the "Highest Nur	mber Previously Pa nber Previously Paid	aid For" IN THIS	S SPACE is	s less that	n 3, enter "3."	,,			,			